

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

4

3 CANDIDATE / OFFICEHOLDER NAME

TITLE FIRST MI
Mr Andrew W
NICKNAME LAST SUFFIX
Andy Cable

OFFICE USE ONLY

Date Received

FILED OCT 26 1998

Jac

4 CANDIDATE / OFFICEHOLDER ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE
PO Box 496 Wimberley TX 78676
 Change of Address

Receipt #

HD / PM

Amount

Date Processed

Date Imaged

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI
Mrs. Rebecca R
NICKNAME LAST SUFFIX
Cable

6 CAMPAIGN TREASURER ADDRESS (Residence or business)

STREET ADDRESS (NO PO BOX PLEASE), APT / SUITE #, CITY, STATE, ZIP CODE
PO Box 496 Wimberley TX 78676

7 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(512) 847-7364

8 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

9 PERIOD COVERED

Month Day Year THROUGH Month Day Year
9/25/98 THROUGH 10/24/98

10 ELECTION

ELECTION DATE ELECTION TYPE
Month Day Year
11/3/98
 Primary Runoff General Special

11 OFFICE

OFFICE HELD (if any)

12 OFFICE SOUGHT (if known)

Justice of the Peace, Act 3

13 DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box, Apt. / Suite #, City, State, Zip Code

additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME <i>Andrew Cable</i>	15 ACCOUNT # (Ethics Commission files)
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16 SUPPORTING POLITICAL COMMITTEE(S)	** This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
<input type="checkbox"/> additional pages	COMMITTEE CAMPAIGN TREASURER ADDRESS	


17 NO REPORTABLE ACTIVITY Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

18 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 776.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 776.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 849.97
	4. TOTAL POLITICAL EXPENDITURES	\$ 849.97
OUTSTANDING LOAN TOTALS	5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 500.00

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder



Sworn to and subscribed before me, by the said _____ this the 25th day of October

19 97, to certify which, witness my hand and seal of office.

[Signature] Molly Richmond Wendt Notary
Signature of officer administering oath Print name of officer administering oath Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.	1 Total pages Schedule A:
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2 FILER NAME <i>Andrew W. Cable</i>	3 ACCOUNT # (Ethics Commission filers)
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4 Date <i>10/18/98</i>	5 Full name of contributor <i>George Scott</i> <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$) <i>100⁰⁰</i>	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code <i>Rt 3 Box 70 Round Mountain TX 78663</i>			

9 Principal occupation	10 Employer (optional)
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Date <i>10/19/98</i>	Full name of contributor <i>Sandra Cable</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>200⁰⁰</i>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <i>1017 Front St. Richmond TX</i>			

Principal occupation	Employer (optional)
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Date <i>9/29/98</i>	Full name of contributor <i>Rockey Romano</i> <input type="checkbox"/> out of state PAC	Amount of contribution (\$) <i>476⁰⁰</i>	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code <i>P.O. Box 607 Amberley TX 78676</i>			

Principal occupation	Employer (optional)
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Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code			

Principal occupation	Employer (optional)
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Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code			

Principal occupation	Employer (optional)
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ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

Andrew "Andy" Cable

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

Kinko's

8 Amount (\$)

13⁵³

6 Payee address; City; State; Zip Code

301 N. Edward Gary, San Marcos, TX 78666

7 Purpose of expenditure

flyers

Reimbursement from political contributions intended

Date

Payee name

Postal Service

Amount (\$)

32⁰⁰

Payee address; City; State; Zip Code

Wimberley TX 78676

Purpose of expenditure

stamps for mailers

Reimbursement from political contributions intended

Date

Payee name

Dolly Media - Newspapers

Amount (\$)

199⁹²

Payee address; City; State; Zip Code

RR 12 & FM 3237 Wimberley TX 78676

Purpose of expenditure

Newspaper Ad

Reimbursement from political contributions intended

Date

Payee name

Cable Time

Amount (\$)

476⁰⁰

Payee address; City; State; Zip Code

1930 S. Austin Ave. Georgetown, TX 78626

Purpose of expenditure

commercial

Reimbursement from political contributions intended

Date

Payee name

Dolly Media

Amount (\$)

128⁵²

Payee address; City; State; Zip Code

RR 12 & FM 3237 Wimberley TX 78676

Purpose of expenditure

Advertising

Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED